**SOUTH FLORIDA AREA 15** **Alcoholics Anonymous New Group Form**

**A.A.’s Traditions suggest that a group not be named after a facility or member (living or deceased), and that the name of a group not imply affiliation with any sect, religion, organization or institution.**

**GROUP NAME: GROUP START DATE:**

**IN-PERSON ONLY: □ HYBRID:** **□ ON-LINE ONLY: □ [Please Check One] NUMBER OF MEMBERS:\_\_\_\_\_\_\_**

**ADDRESS:**

**CITY/TOWN: STATE: \_\_\_ ZIP CODE:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MEETING DAY****MEETING TIMES** | **MON □****\_\_\_\_\_\_\_\_** | **TUES □****\_\_\_\_\_\_\_\_** | **WED □****\_\_\_\_\_\_\_\_** | **THURS □****\_\_\_\_\_\_\_\_** | **FRI □****\_\_\_\_\_\_\_\_** | **SAT □****\_\_\_\_\_\_\_\_** | **SUN □****\_\_\_\_\_\_\_\_** |
| **LANGUAGE (Please check one √) ENGLISH □ SPANISH □ FRENCH □ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Specify)** |

**GENERAL SERVICE REPRESENTATIVE**

**NAME: E-MAIL:**

**ADDRESS: CITY/TOWN:**

**STATE: ZIP CODE: TELEPHONE:**

**ALTERNATE G.S.R. □ OR MAIL CONTACT □ (Please Check One √)**

**NAME: E-MAIL:**

**ADDRESS: CITY/TOWN:**

**STATE: ZIP CODE: TELEPHONE:**

Do you want to receive Area Agenda/Minutes **□ Yes □ No If yes by**  Email **□ or** Postal Mail **□**

Do you want to receive District Agenda/Minutes **□ Yes □ No If yes by** Email **□ or** Postal Mail **□**

**SIGNATURE: DATE:**

**GROUP SERVICE NUMBER (ASSIGNED BY GSO) #: \_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_ Sub-District\_\_\_\_\_\_\_\_**

|  |
| --- |
| ***SUBMIT TO: REGISTRAR DISTRICT 7*** ***E-Mail: registrar@district7area15aa.org*** |